## DEC 3 0 2005 Complete and sength is

## PART B - FEE(S) TRANSMITTAL

Mis form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  27479 7590 09/26/2005  COCHRAN FREUND & YOUNG LLC 2026 CARIBOU DR SUITE 200 FORT COLLINS, CO 80525 |  |  |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |  |  |  |
|--|--|--|---|---|--|--|--|
|  |  |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |  |
| 01/03/2006 AKELECH2 00000031 09970443  |  |  |   |   | ea Hart  | (Depositor's name)   |  |
| 01 FC:2501   |  |  | andrea  | DELTA   | (Signature)  |  |  |
| 02 FC:1504<br>03 FC:8001   | 300.00 (IP<br>30.00 (IP  |  |   | 12-2  | 7-05   | (Date)   |  |
| APPLICATION NO.  | FILING DATE  | FIRST NAME   |   | D INVENTOR  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.   |  |
| 09/970,443<br>TITLE OF INVENTION: F  | 10/02/2001<br>PHARYNGOESOPHAGEAL   | MONITORING S   |   | O. Castell  | 18596-004  | 9610   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE  |   | PUBLICATION FEE   | TOTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional   | YES  | \$700  |   | \$300   | \$1000   | 12/27/2005   |  |
| EXAMINER   |  | ART UNIT   |   | CLASS-SUBCLASS  | ٦ .  |  |  |
| NASSER, ROBERT L   |  | 3736   |   | 600-593000  | _  | •  |  |
| "Fee Address" indica<br>PTO/SB/47; Rev 03-02<br>Number is required.  3. ASSIGNEE NAME ANI  | dence address (or Change of 22) attached.  tion (or "Fee Address" Indictor more recent) attached. Usi  D RESIDENCE DATA TO B  s an assignee is identified be a 37 CFR 3.11. Completion | ation form e of a Customer BE PRINTED ON T                             | or agents (2) the na registered 2 register listed, no   | ames of up to 3 registered pate OR, alternatively, une of a single firm (having as a tattorney or agent) and the nated patent attorneys or agents. I name will be printed.  T (print or type)  pear on the patent. If an assign for filing an assignment.   | a member a 2 James nes of up to f no name is 3   | n Freund & Young R. Young  |  |
| (A) NAME OF ASSIGN<br>Sandhil  | <sub>lee</sub><br>1 Scientific, 1  | ·  |   | CE: (CITY and STATE OR CO   | •  |  |  |
|  | -  |  | •   | patent): 🗖 Individual 💢 (   |  | our entity Government  |  |
| 4a. The following fee(s) are   |  | <del></del>  | . Payment of  |   | corporation of other private gr  | oup chiny — Government   |  |
| X Issue Fee 〔  |  |  |   | A check in the amount of the fee(s) is enclosed.  |  |  |  |
| Publication Fee (No small entity discount permitted)   |  |  | Payment by credit card. Form PTO-2038 is attached.  |   |  |  |  |
| Advance Order - # of Copies 10(ten)  |  |  | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1491 (enclose an extra copy of this form). |   |  |  |  |
|  | (from status indicated above MALL ENTITY status. See   |  |   | cant is no longer claiming SMA  |  |  |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and I<br>interest as shown by the ec  | is requested to apply the Issi<br>ublication Fee (if required) vords of the United States Pate   | ue Fee and Publicate will not be accepted ent and Trademark            | tion Fee (if a<br>d from anyon<br>Office.   | ny) or to re-apply any previous<br>te other than the applicant; a re  | sly paid issue fee to the applica<br>gistered attorney or agent; or the  | ation identified above.<br>he assignee or other party in   |  |
| Authorized Signature   | James !  | buy  |   | Date1   | 2-27-05  |  |  |
| Typed or printed name / James R. Young   |  |  |   | Registration  | n No. 27,847   |  |  |
| an application. Confidential<br>submitting the completed<br>a this form and/or suggestion<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313                            | lity is governed by 35 U.S.C. pplication form to the USPT s for reducing this burden, sl inia 22313-1450. DO NOT 1450.   | . 122 and 37 CFR O. Time will vary nould be sent to the SEND FEES OR C | 1.14. This co<br>depending u<br>c Chief Infon<br>COMPLETE   | to obtain or retain a benefit by illection is estimated to take 12 pon the individual case. Any omation Officer, U.S. Patent and D FORMS TO THIS ADDRES illection of information unless it  | minutes to complete, includir<br>comments on the amount of tid<br>I Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner | ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |